

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: CIRCUIT REESTABLISHMENT AND TEAR DOWN IN A HIGHLY AVAILABLE COMMUNICATIONS SYSTEM

the specification of which (check one):

☐ is attached hereto. ☐ was filed _____ as Application No. _____
amended on _____ (if applicable).

☐ was filed as PCT International Application No. _____ on _____,
and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35, USC §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>	<u>Date Filed</u>	<u>Priority Claimed</u>
_____ (Number) (Country)	_____ (Day/Month/Year)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YesNo
_____ (Number) (Country)	_____ (Day/Month/Year)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YesNo

I hereby claim the benefit under Title 35, USC §119(e) of any United States provisional application(s) listed below:

_____ (Application Number)	_____ (Filing Date)
_____ (Application Number)	_____ (Filing Date)
_____ (Application Number)	_____ (Filing Date)
_____ (Application Number)	_____ (Filing Date)

Attorney
Docket No.: FJFNX-177XX

I hereby claim the benefit under Title 35 USC §120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 USC §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application No.)	(Filing Date)	(Patented/pending/abandoned)
-------------------	---------------	------------------------------

(Application No.)	(Filing Date)	(Patented/pending/abandoned)
-------------------	---------------	------------------------------

(Application No.)	(Filing Date)	(Patented/pending/abandoned)
-------------------	---------------	------------------------------

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business connected therewith in the Patent and Trademark Office, and to file with the USRO any International Application based thereon.

Stanley M. Schurgin, Reg. No. 20,979
Charles L. Gagnebin III, Reg. No. 25,467
Paul J. Hayes, Reg. No. 28,307
Victor B. Lebovici, Reg. No. 30,864

Eugene A. Feher, Reg. No. 33,171
Beverly E. Hjorth, Reg. No. 32,033
Holliday C. Heine, Reg. No. 34,346
Gordon R. Moriarty, Reg. No. 38,973
James F. Thompson, Reg. No. 36,699

Address all correspondence to:

WEINGARTEN, SCHURGIN, GAGNEBIN & HAYES LLP
Ten Post Office Square
Boston, Massachusetts 02109
Telephone: (617) 542-2290
Telecopier: (617) 451-0313

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole/First Inventor: Shantnu Sharma		
City of Residence Acton	State or Country Massachusetts	Country of Citizenship India
Post Office Address 23 Davis Road, Apartment A11	City Acton	State or Country Zip Code Massachusetts 01720
Signature: (Please sign and date in permanent ink.) X		Date signed: X

Attorney
Docket No.: FJFNX-177XX

Full Name of Second Joint Inventor: Peter W. Bretschneider		
City of Residence Brookline	State or Country New Hampshire	Country of Citizenship U.S.A.
Post Office Address 15 South Main Street	City Brookline	State or Country Zip Code New Hampshire 03033
Signature: (Please sign and date in permanent ink.) X		Date signed: X

Full Name of Third Joint Inventor: Robert H. Constantin		
City of Residence Cambridge	State or Country Massachusetts	Country of Citizenship Canada
Post Office Address 110 Trowbridge Street, Apt. 3	City Cambridge	State or Country Zip Code Massachusetts, 02138
Signature: (Please sign and date in permanent ink.) X		Date signed: X

Full Name of Fourth Joint Inventor: Mark A. W. Stewart		
City of Residence Belmont	State or Country Massachusetts	Country of Citizenship Australia
Post Office Address 51 Gilbert Road	City Belmont	State or Country Zip Code Massachusetts, 02478
Signature: (Please sign and date in permanent ink.) X		Date signed: X

Attorney
Docket No.: FJENX-177XX

Full Name of Fifth Joint Inventor: Sajin R. Valoth		
City of Residence Norwood	State or Country Massachusetts	Country of Citizenship India
Post Office Address 6 Thompson Road	City Norwood	State or Country Zip Code Massachusetts, 02062
Signature: (Please sign and date in permanent ink.) X		Date signed: X

Full Name of Sixth Joint Inventor: Mashood Illikkal		
City of Residence Lowell	State or Country Massachusetts	Country of Citizenship India
Post Office Address 1982 Middlesex St., Apt. 22	City Lowell	State or Country Zip Code Massachusetts, 01851
Signature: (Please sign and date in permanent ink.) X		Date signed: X